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CONFIRMATION NO. 2547

<b>SERIAL NUMBER</b> 10/801,968	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2178	<b>ATTORNEY DOCKET NO.</b> MS306752.1/MSFTP585US
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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* No W.T.

\*\* FOREIGN APPLICATIONS \*\*\*\*\* No W.T.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>W.T.</i> Initials <i>WT</i>				

**ADDRESS**

27195

**TITLE**

SYSTEMS AND METHODS FOR IMPROVED SPELL CHECKING

<b>FILING FEE RECEIVED</b> 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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